

## of Claimed Infringement

Full Legal Name of Service Provider: Information Process Solutions, LLC
Alternative Name(s) of Service Provider (including all names under which the serv
Address of Service Provider: 3600 La Salle Street, Ontario, CA 91761
Name of Agent Designated to Receive Notification of Claimed Infringement: Anthony J. Kaczoroski
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  3600 La Salle Street, Ontario, CA 91761
Telephone Number of Designated Agent: (909) 472-4310
Facsimile Number of Designated Agent: (909) 472-4345
Email Address of Designated Agent: tony.kaczoroski@ips4pl.com
Signature of Officer or Representative of the Designating Service Provider:  Date: 2-6-09
Typed or Printed Name and Title: Anthony J. Kaczoroski Executive VP/General Manager
Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.
Mail the form to:
Copyright GC/I&R P.O. Box 70400 Washington, DC 20024

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